



ADVANCE REVIEW OF OFFER TO DONATE SUPPORT FOR OFFICIAL TRAVEL

NOTE: This VA Form 0893 is to be used to accept a gift of travel from a non-federal source under 31 U.S.C. §1353 or 5 U.S.C. §4111 and does NOT replace a travel authorization. An APPROVED VA Form 0893 MUST BE INCLUDED with a travel authorization in VA's electronic travel system. This form is not used for personal capacity travel or when travel is provided under a contract.

INSTRUCTIONS: Complete and have the traveler's office head review and sign electronically on page 2. Forward to the appropriate **OGC Ethics Specialty Team (EST) mailbox** (which can be found at this link: https://www.va.gov/OGC/docs/Ethics/VA_Ethics_Officials_Contacts.pdf), as determined by the traveler's official duty station. Include a copy of the invitation and agenda. An EST deputy ethics official will review and return the form to you. You must then provide the form to one of the officials with gift acceptance authority listed on the bottom of page 2. Upon obtaining all signatures, this form must be included with the travel authorization for approval in VA's electronic travel system. All approvals must be complete BEFORE travel begins.

INFORMATION ABOUT VA EMPLOYEE (Traveler)

NAME OF VA EMPLOYEE	POSITION TITLE	E-MAIL ADDRESS
PHONE NUMBER	ADMINISTRATION/OFFICE	DUTY STATION (Facility Name and City)

INFORMATION ABOUT DONOR AND/OR HOST ORGANIZATION

NAME OF ORGANIZATION HOSTING THE EVENT	NAME OF DONOR ORGANIZATION (If different from Host)
HOST ORGANIZATION POINT OF CONTACT (POC)	DONOR ORGANIZATION POINT OF CONTACT (POC)
HOST POINT OF CONTACT E-MAIL ADDRESS	DONOR POINT OF CONTACT E-MAIL ADDRESS
HOST POINT OF CONTACT DAYTIME PHONE NUMBER EXT: _____	DONOR POINT OF CONTACT DAYTIME PHONE NUMBER EXT: _____

INFORMATION ABOUT MEETING OR EVENT SPONSORED BY (DONOR) HOST ORGANIZATION

FULL NAME (no abbreviations) AND ADDRESS OF EVENT (including City, State, Country)	START DATE OF EVENT	END DATE OF EVENT
	START DATE OF TRAVEL (foreign travelers only)	END DATE OF TRAVEL (foreign travelers only)

PURPOSE OF EVENT (Include 1, How this event will further VA's interests, and 2, how this event is part of your official duties.)

- 1.
- 2.

OTHER ENTITIES ATTENDING OR PARTICIPATING	ROLE OF EMPLOYEE-TRAVELER (e.g. attendee, speaker, trainer, etc.)
---	---

DID DONOR OFFER TO PAY SIMILAR AMOUNTS FOR OTHER ATTENDEES SIMILARLY SITUATED (e.g. if you are going to be a speaker, did donor offer similar travel gifts to all speakers at the event?) YES NO

IS FEDERAL GOVERNMENT PAYING FOR ANY PORTION OF LODGING/MEALS? YES NO

INSTRUCTIONS: Fill out dollar amount and appropriate Gift Code for each applicable category. Include amounts for spouse if donor has offered to support spouse travel. If accepting gift for spouse travel, supervisor must confirm that acceptance complies with 41 C.F.R. 304-3.14.

	GIFT CODE	NO. OF NIGHTS	COST PER NIGHT			**APPROVED PER DIEM LODGING/MEALS
LODGING			\$	TOTAL LODGING	\$	
MEALS			SELF	SPOUSE	TOTAL MEALS	\$
			\$	\$		
TRAVEL FARES		<input type="checkbox"/> COACH <input type="checkbox"/> PREMIUM <input type="checkbox"/> 1st CLASS \$	<input type="checkbox"/> COACH <input type="checkbox"/> PREMIUM <input type="checkbox"/> 1st CLASS \$	TOTAL FARES	\$	
GROUND TRANSPORTATION			\$	TOTAL GROUND TRANSPORTATION	\$	
EVENT FEES			\$	TOTAL FEES	\$	
OTHER EXPENSES (Describe in the REMARKS section below.)			\$	TOTAL OTHER EXPENSES	\$	

GIFT CODE KEY

- 1 - In-Kind - e.g. donor provides airline ticket
- 2 - Check/other monetary instrument payable to VA
- 3 - Check/other monetary instrument payable to employee*
- 4 - Cash to employee*

GRAND TOTAL ► \$

*VA employees may only receive cash or check payable to employee if donor is a tax-exempt 501(c)(3) corporation. Note that not every non-profit corporation is classified as a 501(c)(3).

**GSA per diem rates for CONUS travel, DoD per diem rates for OCONUS travel, Department of State per diem rates for foreign travel.

IS THE DONOR A TAX-EXEMPT 501(c)(3) CORPORATION?		
<input type="checkbox"/> NO <input type="checkbox"/> YES		
DID YOU RENDER SERVICE TO THE DONOR OR HOST PRIOR TO THIS TRAVEL? <i>(This includes serving on University Staff in any capacity.)</i>		
<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If yes, provide details in REMARKS sections below.)</i>		
TO YOUR KNOWLEDGE, ARE THERE ANY PENDING CONTRACTS, PROPOSALS, REQUESTS FOR PROPOSALS, AFFILIATION AGREEMENTS, OR OTHER DECISIONS OR MATTERS INVOLVING VA AND DONOR?		
<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "YES", describe the pending matter in the REMARKS section below.)</i>		
DOES VA EMPLOYEE HAVE A ROLE IN VA ACTION ON ANY OF THE PENDING MATTERS?		
<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "YES," describe the VA Employee's role in the REMARKS section below.)</i>		
REMARKS		
TRAVEL AUTHORIZATION NUMBER <i>(Required field)</i>		
NOTE: Travelers must provide a VA Travel System Travel Authorization Number before this 0893 may be certified. A 0893 may not be certified without a travel authorization number. Travel Authorization numbers are obtained in VA's electronic travel system.		
CERTIFICATION: I certify that I am traveling in official duty status and representing the Department of Veterans Affairs. I certify that the answers above are truthful and correct. I further certify that if I directly receive a cash or check payment from the donor, I will use these funds only for the listed travel expenses and I will refund any unused portion of these funds to the donor.	SIGNATURE OF EMPLOYEE <i>(Traveler)</i>	DATE SIGNED
CERTIFICATION OF HEAD OF EMPLOYEE-TRAVELER'S OFFICE		
CERTIFICATION: I certify that the employee will have authorized official travel orders in VA's electronic travel system, and that the travel is in furtherance of the Agency's mission. I have determined that the requested lodging and meal rates are equal to or below GSA, DoD, or Department of State approved per diem rates. If rates are above the previously stated rates for domestic and foreign travel, I certify that VA approval for the required actual expense will be obtained. I have determined: 1) the portion of travel costs non-federal source has paid or will pay; 2) the amount is comparable to the value offered to or purchased by other attendees; and 3) acceptance of payment will be approved prior to travel. To the best of my knowledge, the answers above are true and correct.	SIGNATURE OF REQUESTING OFFICE HEAD OR NEXT HIGHER OFFICIAL IF REQUESTING HEAD IS TRAVELER <i>(Print name and title)</i>	DATE SIGNED
GENERAL COUNSEL REVIEW		
REVIEW FINDINGS: Program is responsible for compliance with VA conference policy. OGC review is limited to gift acceptance. Traveler must be on official duty and have a travel authorization. Authorized Absence (AA) is not an official duty status. Based upon facts above, VA could lawfully determine that accepting the gift of travel would be proper.	SIGNATURE OF OGC DEPUTY ETHICS OFFICIAL	DATE SIGNED
ACCEPTANCE OF GIFT BY AUTHORIZED OFFICIAL		
I approve acceptance of the gift of travel support based on the facts provided above. I determine that the employee is attending this event in official duty capacity, that the travel is in furtherance of the Agency's mission, and that the gift is not a reward for services to the donor prior to the event. I further determine that acceptance of the offered travel support would not cause a reasonable person with knowledge of all the relevant facts to question the integrity of VA's programs, operations, or employee's. I have considered any impact the performance or nonperformance of the traveling employees official duties might have on the donor.		
LIST OF OFFICIALS AUTHORIZED TO MAKE DETERMINATION Secretary; Deputy Secretary, VA COS, VA Deputy COS, Under Secretary, Deputy Under Secretary, Assistant Deputy Under Secretary, Executive Assistant to the Under Secretary, Assistant Secretary, Deputy Assistant Secretary, Key Central Office Official and Deputy; VISN Director and Deputy Director, VBA Area Director and Deputy Director, OGC Chief Counsel, NCA District Director and Deputy Director, Field Facility Director and their Associate and Assistant Directors (and Medical Center COS if authorized by Medical Center Director).	SIGNATURE OF APPROVING OFFICIAL <i>(Print name and title)</i>	DATE SIGNED
THIS COMPLETED FORM INCLUDING THE INVITATION AND AGENDA MUST BE INCLUDED IN THE TRAVEL AUTHORIZATION FOR APPROVAL IN VA'S ELECTRONIC TRAVEL SYSTEM.		